

Estab#	License Category:	Fee Processed:	Check#:
DATCP#	Effective Date:	Amount: \$	Acct.#: 320-00-43575
FOR OFFICE USE ONLY			

ENVIRONMENTAL HEALTH CONSORTIUM

CUDAHY, SOUTH MILWAUKEE & ST FRANCIS

SOUTH MILWAUKEE HEALTH DEPARTMENT

2424 15TH AVENUE

SOUTH MILWAUKEE, WI 53172

(414) 768-8055

FAX: (414) 768-5720



RESTAURANT PERMIT APPLICATION

Please print or type. Submit completed application (signed and dated) and applicable fees to the address above.

Application is for: <input type="checkbox"/> New Establishment <input type="checkbox"/> Change of Operator <input type="checkbox"/> Remodel/Modification <input type="checkbox"/> Risk Change	
Establishment Name/DBA:	Establishment Telephone:
Establishment Address:	
Billing Street Address, City, State & Zip Code (if different than above):	
Primary Contact (Operator/Manager):	Primary Contact Telephone:
Primary Contact Email:	Fax:
Legal Entity (check one): <input type="checkbox"/> Sole Proprietor (Individual) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC* <input type="checkbox"/> Nonprofit Organization <i>*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.</i>	
Legal Licensee:	Legal Licensee Telephone:
Licensee Street Address, City, State & Zip Code:	
Name of Corporate Contact/Agent (if applicable):	
Corporate Contact/Agent Email:	Fax:
WI Seller's Permit Number:	Name as it appears on Seller's Permit:
Certified Food Manager: <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, Name of CFM:

PLEASE CHECK THE APPROPRIATE CATEGORY

ESTABLISHMENT TYPE:	FEES		
RESTAURANTS	ANNUAL PERMIT	PRE-INSPECTION (New Establishment, C/O, Remodel)	PLAN REVIEW (New Establishments/Remodel)
<input type="checkbox"/> Limited Food Service	\$207	\$177	\$85
<input type="checkbox"/> Full Service - Simple	\$410	\$223	\$124
<input type="checkbox"/> Full Service - Moderate	\$586	\$372	\$201
<input type="checkbox"/> Full Service - Complex	\$710	\$372	\$265
<input type="checkbox"/> Additional Food Prep Area	\$110	\$49	\$88
<input type="checkbox"/> Special Event Group	\$118		
CHECKS OR MONEY ORDERS MADE OUT TO: CITY OF SOUTH MILWAUKEE			Total: \$

Signature of Licensee

Today's Date

FOOD PROCESSING

Will any food processing be done? No Yes

Processing is defined as assembling, grinding, cutting, mixing baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.

If "Yes", check the types of food items

Snacks & Beverages

Includes, but is not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, popcorn, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/cheese

Meals

Includes, but is not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked chees curds, corn dogs, egg rolls, salads

Will any hazardous foods be sold? No Yes

Hazardous foods require temperature control (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If "Yes", list the types of food items:

DETAILS OF OPERATION

Are you applying for an alcohol beverage license? No Yes

Will you have seating on site for dining? No Yes Max seating capacity? _____

Will you be doing any catering? No Yes

Will you be doing any delivery? No Yes

Will you have outdoor activities? No Yes

If "Yes", check all that apply: Bar Cooking/Grilling Dining

Will you have a drive thru window? No Yes

CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes? No Yes

If "Yes", check all that apply:
 New Construction Construction changes to existing building
 Renovation or remodeling Equipment changes only

Provide a brief description of the changes:

Name, Address & Phone Number for Architect:

Name, Address & Phone Number for Contractor: